

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4	1					
5						
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37						
38						
39						
40	1					
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1					
53						
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99						
100						
TOTAL IND.	8					
TOTAL DEP.	62					
TOTAL CLAIMS	70					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS